NVMHI Levels of Inpatient Treatment

The following four models of psychiatric inpatient care are intended to describe various levels of care required by people receiving inpatient psychiatric services. These four models are organized along the dimensions of acuity and complexity of mental health concerns of treatment recipients.

Acuity is a measure of immediate clinical status. High acuity may be characterized by current suicidal preoccupation; physically aggressive outbursts; serious verbal threats; high level of verbal and / or physical agitation; presence of disordered thinking; impairment in judgment; and / or confusion. Patients with high acuity may have an increased need for psychiatric monitoring, medical monitoring, and assistance with self-care, and may be less likely to actively participate in treatment.

Complexity is a measure of more stable characteristics of individuals receiving psychiatric services. High complexity may be characterized by a history suggesting high suicide risk; danger to others; severe psychiatric symptomatology; difficulty with self-care; substance abuse; medical complications; instability or absence of social support; instability of work history; residential instability; difficulty engaging in treatment; medication non-adherence; limited knowledge of illness; limited or no family involvement; and persistence of symptoms.

- "Patient Profiles" describe patient characteristics often encountered at each level of care.
- "Interventions" illustrate typical services required by service recipients at the various levels.
- "Expected Outcomes" describe treatment goals commonly identified at each level of care.

LEVEL I: Acute Stabilization (Admissions)		
Patient Profile *High Acuity* *Low Complexity* Presentation may include: • Substance-induced symptomatology • Situational crises (adjustment disorder) • Situational difficulties resulting from Axis II symptomatology • Not taking prescribed medication or in need of medication adjustment (with history of good response to medication)	**Interventions** Acute Stabilization requires a multidisciplinary treatment model and a higher staff to patient ratio than intermediate care or rehabilitation services. Interventions are focused around resolution of psychiatric crisis and rapid return to the community. Although they will vary depending upon the individual and the nature of the presenting problem, interventions typically involve: • Increased level of observation • Highly structured treatment milieu • Risk assessment • Frequent, ongoing clinical assessment • Patient and family education and involvement • Cultural / interpretive services • Acute crisis counseling • Detoxification management • Medication stabilization • Medication education • Potential need for physical interventions to manage self-injurious or aggressive behaviors • Medical management, including potential for emergency medication • Immediate, aggressive discharge planning	**Expected Outcomes** • Short length of stay (2-5 days) • Rapid stabilization of symptoms • Resolution of risk / safety issues • Effective continuity of care plan • Linkages with substance abuse services • Timely communication and appointments with community providers

LEVEL II: Intensive Care (Admissions)		
Patient Profile *High Complexity* *High Acuity* Presentation may include: • Unsafe behaviors requiring intervention • Lack of willingness or ability to participate in treatment	**Interventions** Intensive Care necessitates an interdisciplinary treatment model to fully address complexity of presenting problems, and interventions require a higher staff to patient ratio than intermediate care or rehabilitation services. Interventions are focused around resolution of more long-term, chronic, or recurrent psychiatric difficulties and return to the community with the expectation of improved community tenure. Treatment may be characterized by: • Possible increased level of observation • Structured treatment milieu • On-going risk assessment • Frequent, ongoing clinical assessment • Legal authorization of treatment • Flexible assessment and treatment approaches • Highly individualized services • Modalities which encourage motivation and engagement in treatment • Patient and family education and involvement • Cultural / interpretive services • Group and individual treatment modalities • Behavioral assessment and intervention services • Primary care services to address medical co-morbidity • Stabilization & on-going management of medical issues • Medication education • Medication management • Potential need for physical intervention • Potential need for emergency medication • Individualized, creative, and flexible discharge planning • Supported transition to community services	**Expected Outcomes** • Length of stay 30 days or less • Stabilization of symptoms • Resolution of risk issues • Effective continuity of care plan • Highly individualized discharge plan, including co-morbidity issues addressed • Linkages with community substance abuse services • Linkages with Primary Care service in community • Timely communication / appointments with community providers • Beginning readiness to explore relapse prevention

LEVEL III: Intermediate Care

Patient Profile

High Complexity
Variable Acuity

Presentation may include:

- Residential instability
- Sustained imminence of risk to self or others
- Problematic behaviors with complex etiologies
- Inconsistent self-management of symptoms or need for changes in relapse prevention plan

Interventions

An interdisciplinary treatment model is required to address complexity found at this level of care. Staffing levels that are lower than acute or intensive care levels of care, but which have flexibility to address variable acuity, are required for this level of care. Treatment is focused on resolution of identified barriers to recovery and identification of placement and services supportive a successful transition to, and tenure in, the community.

Interventions may include:

- Variable levels of observation
- Structured treatment milieu
- On-going risk assessment
- Possible legal authorization of treatment
- Modalities which encourage motivation and engagement in treatment
- Patient and family involvement and education
- Cultural and interpretive services
- Psychosocial Rehabilitation programming
- Vocational Rehabilitation services
- Skill building
- Behavioral assessment and intervention services
- Substance abuse programming, services, and referrals
- Forensic services
- Co-morbidity / Primary care services
- Complex medication management
- Potential need for physical intervention
- Potential for emergency medication
- Extensive residential planning
- Creative discharge planning, including consideration of step down or wrap around services
- Supported transition to community services

Expected Outcomes

- Length of stay greater than 30 days
- Stabilization of symptoms to support recovery and relapse prevention
- Improvement in functional deficit areas (e.g., medication management)
- Progression through NGRI privileging process
- Linkages with outpatient substance abuse and primary care services
- Successful transition to community-based living situation

LEVEL IV: Rehabilitation Services		
Patient Profile	**Interventions**	**Expected Outcomes**
High Complexity, Low Acuity Presentation may include: • Medical complications • Limited self-reliance due to need to increase functional capacity	A multidisciplinary treatment model with a lower staff to patient ratio and more independent patient involvement in treatment and recovery is characteristic of this level of care. Focus of treatment is on solidification of adaptive skills, independent management of chronic symptomatology, and development of community supports and a network of services to support enduring success following discharge. Interventions at this level of care typically include: • Motivational / engagement modalities • Recovery model • Patient and family education and involvement • Cultural / Interpretive services • Psychosocial Rehabilitation programming • Vocational rehabilitation services • Transportation skill building / services • Forensic services • Substance abuse programming / referrals • Emphasis on independent medication management (vs. medication education) • Chronic illness management / primary care services • Discharge planning • Extensive residential planning • Community reintegration • Supportive transition services	• Length of stay greater than 30 days • • Maintenance of symptoms at baseline • Acquisition of adaptive skills and improvements in adaptive functioning • Progression through NGRI privileging process • Maintenance of medical / physical health • Successful transition to residential placement